U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13/80	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Calvin J McKinnis	Name Plasterer's Union Local #82		
	Labor Organization File Number 035-053		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37551 SE Highway 211	Street 12812 NE Marx Street		
City Sandy	City Portland		
State Oregon ZIP Code + 4 97055	State Oregon ZIP Code + 4 97230		
5. Position in labor organization. Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions):		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed ANG THE	On 7/10/05 503 668-5027		
Form I M-30 (2003)	Dáte Telephone Number		

Name of Person Filing Calvin McKinnis →	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Plasterer's Local #82 Pension Trust	9. Business deals with: a. Labor Organization			
P.O. Box, Bldg., Room No., if any Street 12812 NE Marx Street City Portland	b. Trust c. Employer			
State Oregon ZIP Code + 4 97230 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust fund receives contributions under the Collective Bargaining Agreement.			
Street	11.b. Approximate dollar value of such dealing. \$600,613			
State ZIP Code + 4	12.a. Nature of interest held or income received. Meal Expense for attending trustees meeting			
	12.b. Amount. \$9			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing CALVIN MCKINNIS~	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Employer Plasterer's Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12812 NE Marx Street City Portland, State Oregon ZIP Code + 4 97230	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Trust fund receives contributions under the Collective Bargaining Agreement 11.b. Approximate dollar value of such dealing. \$825,661 12.a. Nature of interest held or income received. Meal Expense for attending trustees meeting.			
	12.b. Amount. \$8			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$8 er parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	er parts A and B above)			

Name of Person Filing Calvin McKinnis, II	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Employers #82 JATC OR SW WA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12812 NE Marx Street City Portland State Oregon ZIP Code + 4 97230 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Trust Fund receiving contribution Bargaining Agreement	s under Collective		
P.O. Box, Bldg., Room No., if any Street				
	11.b. Approximate dollar value of such dealing.	\$75,525		
City	12.a. Nature of interest held or income received.	- Company of the Comp		
State ZIP Code + 4	Meal Expense for Business Meeting	S		
	12.b. Amount.	\$72		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	W-Mahalanian		
Name	OCCUPATION AND ADMINISTRATION AN			
Trade Name, if any:	PATA CARROLLIA COMPANA			
P.O. Box, Bldg., Room No., if any	TO THE PARTY OF TH	74 (27)		
Street		The state of the s		
City	** The state of th			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Calvin	McKinnic II	File Number U-
Name of Person Filing Calvin	McKinnis, II	File Number O.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Employers #82 JATC OR SW WA Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 12812 NE Marx Street City Portland State Oregon ZIP Code + 4 97230	a. Labor Organization b. Trust c. Employer	
	11.a. Nature of such dealing.	L
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Trust Fund receiving contributions Bargaining Agreement	under Collective
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$75,525
	12.a. Nature of interest held or income received.	
	Instructor Wages	
	12.b. Amount.	\$6,077

Name of Person Filing Calvin McKinnis II	File Number U-
Name of Person Filing Calvin McKinnis, II	T No Number O

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ling trade name, if any).	9. Business deals with:	
Name Employers #82 JATC OR S	EW WA	S a Labor Over-in-time	
Trade Name, if any:	ş	a. Labor Organization	
DO Day Dida Dara Na Sana		b. Trust	
P.O. Box, Bldg., Room No., if any		- Franksis	
Street 12812 NE Marx Street		c. Employer	
City Portland			
State Oregon	ZIP Code + 4 97230		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing.	
Name		Trust Fund receiving contributions Bargaining Agreement	under Collective
Trade Name, if any:		,	The state of the s
- 1			
P.O. Box, Bldg., Room No., if any	M	The second secon	
Street		- Andrews - Andr	
City			mmoodoo.oo
State	ZIP Code + 4		
State	ZIF Code + 4	11.b. Approximate dollar value of such dealing.	\$75,525
		12.a. Nature of interest held or income received.	And the second s
		Reimbursement for Class Expense	900

			The second secon
		*** Control of the Co	00+00-mm+00
		**************************************	***************************************
		Management	identificacy (-d-t-
		And the same of th	
		12.b. Amount.	\$24

Name	of Person Filing Calvin McKinnis, II	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Access Dental	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 10117 SE Sunnyside Road, Suite F405		
Clackamas		į
State Oregon ZIP Code + 4 97015		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Dental Network	ikide hundiseasus
		The state of the s
Trade Name, if any:		er disamples
P.O. Box, Bldg., Room No., if any		O Shirth Comment
	The second secon	Name of Advisory of the Adviso
Street	Commence of the Commence of th	ALONEITRA-PAGENCE
City	:	Ar
State ZIP Code + 4		
State ZIF Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meals and Beverage for business me	eting.
		- CONTRACTOR - CON
	12.b. Amount.	\$11